

PART B - FEE(S) TRANSMITTAL

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7590

06/26/2006

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One World Trade Center

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121 S.W. Salmon Street

Portland, OR 97201

01 FC:2501

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Sheree Lynn Rybak, Ph.D.

(Depositor's name)



(Signature)

July 13, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/729,658	12/04/2000	Jonathan Zonana	6005-55924	3101

TITLE OF INVENTION: HYPOHIDROTIC ECTODERMAL DYSPLASIA GENES AND PROTEINS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	09/26/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
MARVICH, MARIA		1633	514-002000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 Klarquist Sparkman, LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(1) Baylor College of Medicine

(2) Oregon Health & Science University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(1) Houston, Texas

(2) Portland, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies four

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4550 (enclose an extra copy of this form).

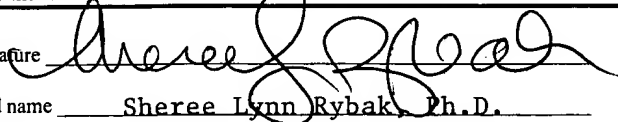
5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date July 13, 2006

Typed or printed name

Sheree Lynn Rybak, Ph.D.Registration No. 47,913

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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SL:dm 07/13/06 6907-55924-01 554295.doc **See Notes

PATENT
Attorney Reference Number 6907-55924-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Zonana et al.

Application No. 09/729,658

Filed: December 4, 2000

Confirmation No. 3101

For: HYPOHIDROTIC ECTODERMAL
DYSPLASIA GENES AND PROTEINS

Examiner: Maria Marvich, Ph.D.

Art Unit: 1633

Attorney Reference No. 6907-55924-01

CERTIFICATE OF MAILING

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Attorney or Agent
for Applicant(s)

Date Mailed July 13, 2006

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TRANSMITTAL LETTER

Enclosed for filing in the above-referenced application are the following:

- ☒ In connection with issuance of a patent:
 - ☒ Form PTOL-85b
 - ☒ Advance order of 4 copies (Fee \$3.00 each = \$12.00)
 - ☒ Issue Fee (\$700.00)
 - ☒ Publication Fee (\$300.00)
- ☒ A check in the amount of \$1,012.00 to cover the above-listed fees.
- ☒ The Director is hereby authorized to charge any additional fees that may be required in connection with issuance of a patent, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

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By
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cc: Docketing